

# Letter of Request for Dependent Coverage Addition

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

Dear [Insurance Representative's Name],

I hope this message finds you well. I am writing to formally request the addition of a dependent to my current insurance coverage plan. My policy number is [Your Policy Number].

The details of the dependent are as follows:

- Name: [Dependent's Name]
- Date of Birth: [Dependent's Date of Birth]

Attached are the necessary documents required for this request, including proof of relationship and identification for the dependent.

Please let me know if you require any additional information or documentation to process this request. I appreciate your prompt attention to this matter and look forward to your confirmation.

Thank you for your assistance.

Sincerely,

[Your Name]